

Student Report Card Request

To access your child's report card, complete this form. You may mail or fax the form to:

Arizona Department of Juvenile Corrections
Education Division
1624 West Adams
Phoenix, Arizona 85007
Fax: (602) 542-4915

Parent First Name: _____

Parent Last Name: _____

Relationship to Student: _____

Requester must be parent or legal guardian

Phone #: _____

2nd Phone# _____

Student Name: _____

School Name: _____

Student ID Number:
(K Number) _____

Student's Date of Birth: _____

E-Mail Address: _____

Comments: _____
